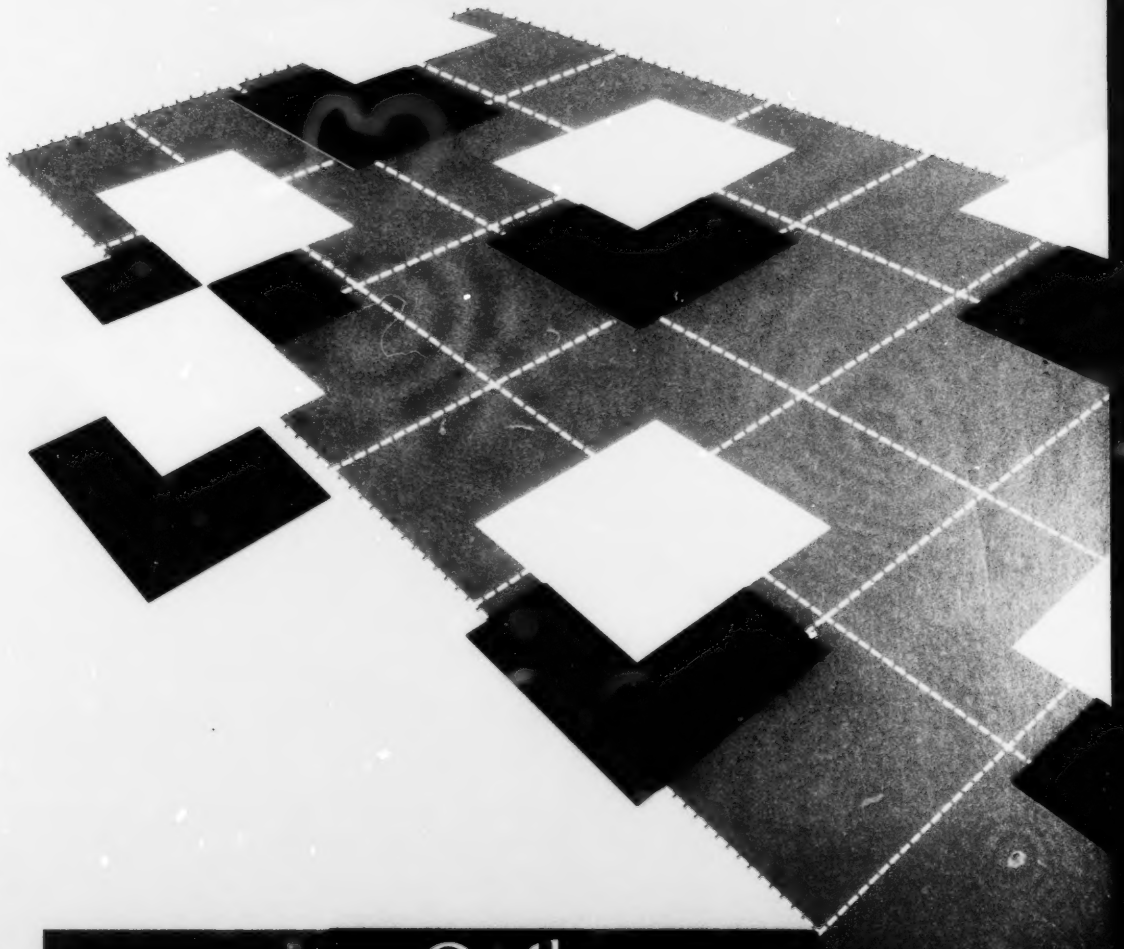
LA SOCIÉTÉ D'HABITATION DU QUÉBEC

The Impact of an Aging Population on Housing Conditions: the Elderly and their Housing Needs



Québec

The Impact of an Aging Population on Housing Conditions: the Elderly and their Housing Needs

Société d'habitation du Québec
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FOREWORD

This document deals essentially with the residential needs of the elderly in an aging population. Its purpose is to bring out the various residential options to be developed, while emphasizing the role that the residential environment can have on the well-being of the elderly.

I would like to thank Messrs. Robert Chagnon, consultant, and Paul Sénécal, of the Direction de l'analyse et de la recherche, for their valuable comments on the first draft of this text. Nor can I overlook the very professional work of Mrs. Huguette Tellier who did the typing.

THE IMPACT OF AN AGING POPULATION ON HOUSING AND THE RESIDENTIAL ENVIRONMENT

INTRODUCTION

Not a week goes by without the question of the aging population being mentioned in newspapers or magazines. Aging is a very real and major problem, the impact of which will be felt in several sectors, including housing. This phenomenon is not isolated and is not simply the Québec population of 20 years ago that has grown older. Rather it is part of a whole mass of underlying changes our society is experiencing and which manifest themselves in the following forms: household break-up, falling birth rate, changes in the notion of what family life is, a growing number of women in the workplace, a drop in the number of marriages, an increase in divorce, etc.

These socio-demographic changes are furthermore linked to important changes in the economic environment: namely an opening-up of the Québec economy, substantial growth in the service sector, concentration of economic wealth, a growth in consumption, improvements in downtown areas, etc.

The housing sector has also undergone its fair share of upheavals: the development of new types of tenure (coproperty, cooperatives, etc.), the growth in demand in the market for new houses, the appearance of new financial vehicules for housing, etc. For the past twenty years, we have seen a breaking-up of the housing market, echoing that of the family and the diversification in types of household. The elderly have been among the first to take immediate advantage of this change in the market. This can readily be seen by reviewing the development of public sector housing. Initially, public sector housing was built for residents of urban neighbourhoods undergoing renovation; both families and the elderly were housed in the same building whereas a few years later, separate housing was provided for each category.

Today, housing needs have long since passed the stage of being a simple shelter, to become a place where people can feel in control of their own lives or for social climbing. Certain types of households are considered very desirable: two-income families, childless couples with at least one income, single working people, elderly people with large life savings, etc. Other types of households are much more demanding: single-parent families, single people with low income, the handicapped, low-income families, roomers, the homeless, members of ethnic communities, etc.

In effect, this fragmentation of the housing market is a reflection of the consumer society in which we live that has turned housing not only into a consumer good but also an investment good. It is also the reflection of a society that favours the protection of the rights and freedoms of individuals and minorities through a multiplicity of charters of rights. This fragmentation can be expected to continue and intensify with time. Already, there is no longer talk of a housing problem for the elderly as such, but of autonomy and non-autonomy and, using life expectancy, elderly people can be divided into several different groups: those aged 55-64, 65-74 and aged 75 and over (Bélanger and Moisan, 1987).

The impact of the arrival onto the housing market of one of these new types of households, that of the elderly, will be studied in the more general context of the aging of the population.

1 DEMOGRAPHIC TRENDS

1.1 The Aging of the Population

Given the openness of our societies, it is more and more difficult to tell exactly what the future has in store for us. Events over which we have no control can modify trends that once seemed inescapable. However, one general demographic trend cannot be avoided, this is the **aging of the population**. This phenomenon really took off at the beginning of the seventies. It can be explained by the substantial growth in the number of people aged 65 and over and the breathtaking rise in the proportion of elderly people in the total population. The latter is basically maintained by the fall in the birth rate, a very considerable fall in the case of Québec as it has one of the lowest birth rates in the world. Table 1 indicates the change in age groups over the past 20 years: the drop in the number and proportion of children (0-14 years) and the strong growth in the number and proportion of people aged 65 and over.

Table 1
Change in the Population by Age Group, Québec, 1966-1986 (in thousands)

Year	0-14			15-64			65 and +			Total		
	N	%	%[1]	N	%	%[1]	N	%	%[1]	N	%	%[1]
1966	1 944	33.6	—	3 486	60.3	—	352	6.1	—	5 780	100	—
1986	1 341	20.5	-31.0	4 541	69.5	+30.3	651	9.9	+84.9	6 532	100	+13.2

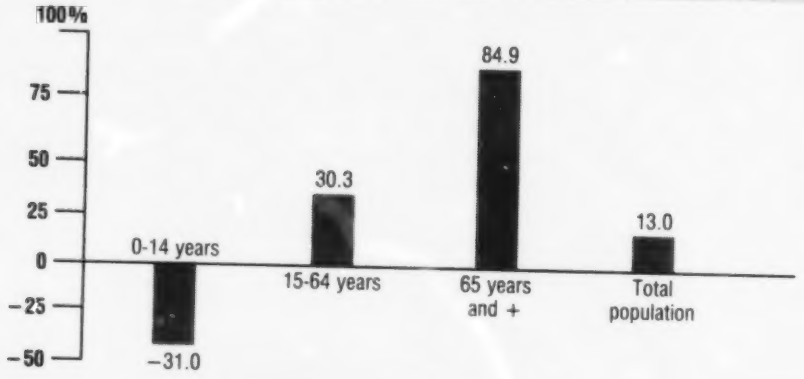
1- Change in percentage. Source: Canada Census.

Three major demographic trends have a significant influence on the foreseeable housing needs of the elderly. These are the internal aging of the population, the feminization of the elderly and the number of elderly households consisting of one person.

Projections regarding the aging of the population in general and the internal aging of the population indicate the number of elderly will increase substantially up to the year 2031, at which point there will be in Québec, around 1 600 000 people aged 65 and over, representing between 21% and 26% of the total population (BSQ, 1986, table 1.8).

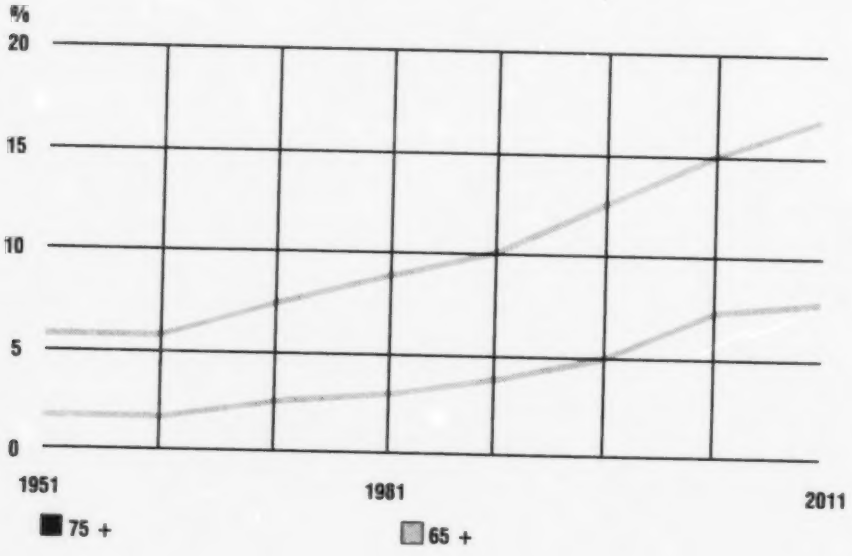
More recent predictions (Mathews, 1988) indicate that the proportion of people aged 75 and over in the total population will double between the years 1986 and 2011, going from 3.8% to 7.7%. This proportion is equivalent to that of people aged 65 and over in 1976.

Graph 1
Change by Age Group, Québec, 1966-1986 (in percent)



Source: Canada Census; compiled by author.

Graph 2
Proportion of Persons 65 or Over, and Those 75 or Over, Québec, 1951-2011



Source: Canada Census; Mathews, 1988.

Table 2
Population of Québec and Proportion Aged 65 and 75 and Over, 1976-2011 (in thousands)

	1976	1986	1996	2006	2011
Total population	6 234	6 626	7 001	7 164	7 198
% aged 65 and over	7.7	9.9	12.6	14.7	16.7
% aged 75 and over	2.6	3.8	5.2	7.1	7.7

Source: Mathews, 1988, Table 1.

Unknown at the beginning of the century, the feminization of the elderly really began to make itself felt at the beginning of the sixties and should continue for several more decades. It has been observed that this phenomenon of feminization intensifies with increased age (table 3).

Table 3
Ratio of Women[1] in the 65 and Over Age Group, Québec, 1901-2001

Year	65 and over	75 and over
1901	99	99
1941	103	114
1961	112	118
1981	141	170
1991	149	189
2001	154	196

1- Number of women for 100 men.

Source: BSQ (1986) Tables 1.3 and 1.9. Compiled by author.

The last significant feature is the number of households composed of one person 65 or over. The proportion of the elderly population living alone rose from 13% in 1971 to 21% in 1981, the lastest year for which relevant statistics are available. It is difficult to forecast how this phenomenon, which is both demographic and social, will develop. However, current trends indicate that both the number and the proportion of elderly persons living alone will rise in the years ahead.

The 1986 Canadian census also tells us that 11.0% of the elderly population lives in multiple dwellings, a rate identical to that of 1981, whereas elderly couples account for 48% of the total elderly population, parents living alone for 5% and people living away from their families for 36 %. The resemblance between these figures and those concerning the matrimonial status

of the elderly is striking: 12% single, 51% married, 37 % widowed, divorced or separated. In terms of households, the 1986 census counted 373 310 elderly households split equally between home-ownership and rental.

1.2 Dependency Ratio

The aging of the population can also be illustrated by the demographic dependency ratio of the elderly.

> "This ratio comes from the division of the number of elderly people by the number of adults aged 15-64 years old. Few elderly people are present in the labour market; furthermore, certain government programs are aimed at the population aged 65 and over, certain needs increasing rapidly with age (health services, home help services, nursing homes). The point of this indicator is that it gives an approximate idea of the burden that the elderly population represents for the working population. The increase in this ratio will be particularly great. Already, between 1961 and 1981, there was a significant increase (from 9.9 to 12.7 elderly people for 100 people aged 15-64 years old), a contrast to the stability of the 1901-1961 period. However the recent increase is comparatively modest to that which we can expect (around 19 elderly people for 100 adults aged 15-64 in 2001, and between 35 and 43 in 2031)." (Bureau de la statistique du Québec (BSQ) 1986).

The elderly are not the only people to depend on the resources produced by the working population. Children, the 0-14 year age group, are just as much a part of this category. However, we have noticed that this category is in decline and nothing indicates that this will change in the years to come. The reduction in the size of this group will somewhat relieve the burden that it implies for those adults in the labour market.

However, when the global ratio of economic dependence is calculated (ibid, p. 55), it can be observed that the reduction in the number of young people does not compensate for the increase in the number of elderly. Thus, between the years 2001 and 2031, this index will increase continuously.

All the same this index has to be interpreted with care. First of all, it relies on the fact that the retirement age will remain at 65 and that young people will enter the labour market at the same age as they do at present. Quebecers are more likely to take early retirement than residents of other provinces (Valaskakis, 1987). Moreover, young people will perhaps have a tendency to study for longer periods insofar as existing jobs will require more and more qualifications and unemployment will increase among young people. Changes in behaviour along these lines would reduce the active population while increasing the impact on the global ratio of economic dependence at the same time.

Secondly, this indicator is but a mathematical relationship between the active and non-active populations. In fact, the care and services required by the elderly are not the same as those required by children. An American study concluded that government expenditure for the elderly is three times that for children (Lazarovich and Haley, 1982).

◆ STATE INTERVENTION IN HOUSING FOR THE ELDERLY

2.1 Accommodation

Of all government expenditures linked to the elderly, those concerning health are the biggest. A study financed by the Canadian Medical Association (CMA, 1984) estimated that demographic changes alone, all other things remaining equal, would increase current expenditure on health care around 75% between 1981 and 2021, representing a real annual increase of 1.4% while stressing the fact that Québec will face increases greater that the Canadian average.

To be able to provide all this health care, the number of hospital beds would have to be increased by 44% by the year 2001 and by another 27% between 2001 and 2021, a rate of growth comparable to that experienced during the heady growth years of the sixties, for the period 1981-2001. As regards the number of buildings required to dispense long-term care, the status quo means that in Canada roughly one thousand 300-bed establishments for long-term care would have to be built between now and the year 2021, while in 1981 there were fewer than 500 establishments with 100 beds or more for the elderly (ibid, p. 21).

In a more concrete manner, in 1982-1983 Québec allocated about $1 760 million in care and services destined for the elderly, almost 29% of the total budget of the ministère de la Santé et des Services sociaux (Québec, 1985). Of this amount, the cost of services for the elderly provided by hospitals was estimated at $641 million in 1982-1983, institutional accommodation monopolized around $810 million while home care and services necessitated spending of some $34 million for the same period (ibid, p. 26).

As much from an economic as from a social point of view, the continuation of the status quo in policies concerning elderly persons in need of care and services to maintain their functional autonomy, is simply impossible.

The ministère de la Santé et des Services sociaux has understood this fact and has stopped the building of new nursing homes in both the public and private sectors. Following evaluation of nursing home clientele, we have become aware of the fact that 34% of the individuals in nursing homes or long-term hospital care centres could have their service needs filled outside the institutional environment (Sicotte, 1982). This does not necessarily reflect a mismanagement of admissions into nursing homes but rather the modifications made to admission criteria proposed for new admissions. In fact, based on the new eligibility criteria, the network of nursing homes had a **theoretical** surplus of almost 8 500 places in 1986, to respond to the needs of people requiring more than a minimal predetermined amount of daily nursing care. (Ministère des Affaires sociales [MAS], 1983).

All the logic of the home maintenance/institutionalization system is based on a needs evaluation scale, a scale that reflects the availability of physical and material resources at the present time as well as the change in the general public's perception of institutionalization versus keeping the elderly at home.

As in the rest of Canada, Québec has a greater proportion of elderly in hospitals and nursing homes than the majority of developed countries (CMA,1984). Yet Québec is still a relatively young society. It is a fact that 8.8% of the total Québec population was aged 65 or over in 1981, while Canada registered 9.7%, the United States 11.4%, the Netherlands 11.5 %, France 13.5%, the United Kingdom 15.0% and Sweden 16.3% (National Council for Social Welfare,1984). Furthermore, the proportion of elderly persons who were living in nursing homes during the same period was 7.0% for Canada and Québec, 3.5% in Sweden and 4.5% in the Netherlands (Brink, 1985).

In these European countries, intermediary housing resources as well as the home care and services have taken up the task. All in all, the decision to institutionalize elderly people does not rely solely on a purely medical and/or social scale of evaluation. Rather, this decision is the reflection of the type of society we want to promote the integration of and improve the quality of life of the elderly.

2.2 Housing Programs[1]

2.2.1 Programs Favouring No Change of Residence

The **shelter allowance program** favouring the elderly, LOGIRENTE, was introduced in 1980 for elderly households aged 65 and over, be they owner, tenant or roomer and who pay more than 30% of their income for their housing. It was extended to the 60-64 age group in 1984. In 1987, the program had reached 30 662 households of which 91% were people living alone and 98% of all the households were tenants of a dwelling or room. Each household benefiting from the program received on average $51 per month and the total cost of the program at that time reached $18.7 milion (SHQ, 1988). The program effectively helps elderly households to remain in their own homes by compensating for a part of the rent but it is still the case that a large number of these households face a very heavy burden even after the allowance, thus reducing the desired effect.

The **housing rehabilitation program**, Canada-Québec RAP, successor to the LOGINOVE program, allows homeowners of all ages to carry out improvement work aimed at correcting major defects in housing. The program also allows tenants to remain in place, obliging the owner to sign an agreement with a majority of the tenants of the renovated building, dealing with the nature of the work to be done and on the possible increases in rent after completion of the work. At present, there is no data available on elderly people having benefited from the Canada-Québec RAP program, either as owners or as tenants.

The **property tax refund** is aimed at tenants and homeowners of all ages and aims to reduce the tax burden of the most needy cases. In 1983, it is estimated that 198 000 elderly households had received an average refund of $182 for a total expenditure of $36 million. At the time, it was the program that reached the largest number of elderly people and made up the single greatest expense incurred by the Québec government for housing for the elderly, a sum slightly higher than that given over to public housing (for Québec). The parameters for the program have since been reorganized on several occasions and it is now difficult to clearly evaluate its impact on the elderly.

2.2.2 Programs Involving a Change of Residence

The **program of subsidized public sector housing (PSH)** is the most visible of these programs and it is very popular with elderly people on low income because of the low rent, the quality of the housing, proximity of services and the relative security in the buildings. The waiting period for this type of housing is quite long and varies according to the municipality. Even if the program means moving, the beneficiaries do not see this as a drawback so long as the new tenants do not have to leave their neighbourhood or familiar surroundings.

In 1987, 30 700 units of public housing were occupied by elderly households, two thirds of these being women living alone. Annual operating costs of public sector housing for the elderly approached $190 million, while the operating loss was around $110 million (SHQ, 1988). About 15% of all elderly tenants in Québec were living in public sector housing.

1- This section is in part drawn from a document presented by the author at the 14th Scientific Congress of the Canadian Gerontology Association, October 1985.

The **cooperative and non-profit housing program** is one which allows households to occupy recently built or restored housing at a reasonable price. Although there are a few cooperative housing projects that exist for elderly people, there is at present no study estimating the number of elderly people who benefit from this program and the advantages they gain from it.

The **rent supplement program** is aimed at households with modest incomes, occupying a dwelling administered by a housing cooperative or non-profit organization[2]. In 1987, the program reached 2 400 elderly households, that is 50% of the clientele of the program and represented an expenditure of around $3.4 million (SHQ, 1988) for this clientele.

All in all, current housing programs are a good reflection of the often expressed will of the government to direct available funds to those households most in need. The pressure created by the growth in the number of elderly people should eventually be taken into account by the SHQ which will have to widen the scope of its intervention in order to favour the optimal use of available residential resources.

2- A new experimental rent supplement program was brought into effect in 1987 in Québec but is destined only for family units.

◈ HOUSING AND CONTINUED RESIDENCE IN FAMILIAR SURROUNDINGS

3.1 An Initial Assessment of Home Maintenance

In Québec, home maintenance has been one of the most preferred interventions among the elderly suffering from a loss of autonomy for the past fifteen years. It was in 1979 that the government adopted a policy of home services. A brief evaluation of home services (Bolduc, 1986) seems to indicate that despite its eight year existence, there is still a long way to go before an authentic home service policy is developed. The evaluation points out the following deficiencies:

- there is confusion in the classification of the main clientele (elderly people, handicapped people, etc.) preventing a systematic evaluation of the results of this particular type of intervention;
- CLSC (Local Community Service Centres) essentially offer low-intensity services, tied to regular office hours, so that services are not available during the evening, at night and on weekends;
- it has been shown that the low-intensity services offered by the CLSC are of little use in curbing people's desire to turn to nursing home resources; these services therefore do not satisfy the at-home maintenance policy.

Far from being perfect, this home-service policy appears to be in need of major adjustment before being used as the corner stone of an authentic at-home maintenance policy for the elderly.

This policy is not however just a matter of care and services provided in the home. It is aimed at preventing or delaying as long as possible the institutionalization of those elderly people suffering from declining in autonomy: any intervention must take several forms and cater to the different manifestations of declining autonomy. Such intervention should take into account housing and its environment.

3.2 Housing: a Key Element in Home Maintenance

Home maintenance does not mean keeping the elderly person in their current dwelling at all costs but rather placing them in housing that will allow them to lead as independent a life as possible. Moreover,

> "the basic desire of a person aged 70/75 and moving into housing provided with several collective services is to be allowed to remain in that housing if that person becomes dependent, successive transfers being one of the major worries of elderly people." (UNFOHLM, 1987, p. 9).

It goes without saying that a large majority of people wish to stay in their own home (Wexler, 1986) and this situation is somewhat eased when the elderly person has some security of tenure.

3.2.1 Types of Tenure

a) **Ownership**

Owning your own home is one sure way of gaining this security. Canadian censuses showed that, between 1961 and 1986, the percentage of households owning their own home, the reference person being aged 65 and over, fell significantly from 60% in 1961 to 50% in 1986, the opposite of the situation observed with the group aged 65 and under. This fall is probably

linked to the strong growth in non-family households among those aged 65 and over and the increased urbanization that Québec underwent during this period. However, after 20 years of rapid decline, we experienced a small increase, between 1981 and 1986 in the rate of ownership among those aged 65 and over which could in fact reflect the new generation of homeowning households reaching retirement. At the moment, half of those households in which the reference person is aged 65 and over own their home, and this proportion is likely to increase with time. In fact, the data of the 1986 Canadian census shows that two out of every three households whose main wage earner is aged between 40 and 64 years old own their own home.

It can be assumed that a significant proportion of households that own their own home at retirement age have done so for a long time, 30, 40 or 50 years, that they are most certainly reluctant to lose their autonomy and the advantages they enjoy with ownership of their own home and will do all that they can to preserve their present status (Blackie, 1986).

> "While desirable social status is lost in some areas, as for example professional or marital status, for the elderly person control over their type of housing is a determining factor. In the case of homeowners, the status created by the control of their house can become particularly significant." (Wexler, 1986)

b) **Renting**

In 1986, half of elderly households were tenants. Among these 187 800 households, around 30 000 were living in public sector housing (16% of these households), while an undetermined number lived in housing administered by non-profit organizations and housing cooperatives, estimated at 2% of elderly tenant households[3]. This leaves a maximum of 154 000 elderly tenant households in the private sector.

Despite laws that protect tenants and financial aid programs aimed at helping them, tenants enjoy less security of tenure. Some of the factors that can bring about a forced move are:

> "the gentrification process observed in some central neighbourhoods and the conversion of rental buildings into condominiums, as well as the effects of government aid programs for residential renovation, the tendency for elderly people to avoid conflicts with their landlords, above all concerning rent increases, the decline in the number of services available in some neighbourhoods and evictions carried out by landlords. No matter what the cause is, the fact remains that the elderly tenant is very likely to experience a forced move at some point." (Wexler, 1986).

On top of this, the type of rental housing, much of which consists of "plex" buildings and buildings with less than four floors, therefore without elevator, does not necessarily favour the autonomy of the very elderly suffering from even the slightest incapacity.

The elderly clientele of public rental housing, half of which is made up of women living alone (Renaud, Roy and Tremblay, 1981), is privileged in many ways: security of tenure at a reasonable cost, modern functional housing and easy accessibility, generally well situated close to services, allowing elderly people suffering from certain physical problems or loneliness to carry on an independent life in their own home. These advantages surely outweigh the inconveniences of having to move and the change of lifestyle caused by moving into public sector housing. This potential extension of an independant life is however reduced by a loss of control over certain aspects linked to the internal regulations of each board (prohibition of pets, control

3- The SHQ granted, in 1986, the rent supplement to 2400 elderly households that were tenants in housing cooperatives and non-profit organizations.

over the number of people sharing the accommodation, etc.). This standardization of day-to-day life raises certain obstacles to a fully autonomous life, giving public sector housing the reputation of being somewhat institutionalized.

3.2.2 Affordability

This brief and inevitably incomplete overview of the housing situation of the elderly does not take into account, among other things, the affordability of housing, an important problem that has, however, been alleviated over the past few years. In a recent article, Leblanc (1986) stresses using a model identifying housing needs developed within the context of the 1984 policy statement «Housing for Quebecers», that affordability was slightly less likely to be a problem among elderly households, «since only a small proportion of those who own their home experience an affordability problem, whereas with tenants the situation is the same for all households, an affordability regardless of the age of the head of the family.» (ibid, p.51).

However, those with the greatest financial difficulty housing themselves are those households made up of a single person. Affordability is a problem for a quarter of elderly people living alone and, on the whole, 60% must spend more than 30% on housing (ibid, p. 52). This is especially the case for women, since they represented in 1981 more than 75% of elderly people living alone (BSQ, 1986).

Table 4
Low-Income Households, Canada, 1979 to 1986, According to Type of Household

Type of household	Proportion of low-income households in relation to all low-income households (%)		Proportion of low-income households (%)				
	1979	1986	1979	1980	1982	1984	1986
Families of elderly people	9.2	5.0	21.9	14.2	11.0	11.4	9.5
Single-parent families	10.2	13.6	49.1	51.9	52.6	55.9	51.3
Single elderly people	25.7	18.3	66.3	61.5	56.2	49.6	42.7
Other single people	30.4	35.3	30.2	30.6	30.4	33.5	31.2

Source: Income Distributions by Size in Canada, 1986, Statistics Canada, November 1987, cat. 13-207.

Table 4 shows that, despite the increase in the number of elderly, elderly households account for an increasingly small part of the total number of low-income households; the proportion of families made up of low-income elderly people and single elderly people has gone from 9.2% to 5.0% and from 25.7% to 18.3% respectively between 1979 and 1986. Furthermore, less than 10% of elderly families were classified as low-income in 1986 as compared to 43% of single elderly people. The proportions of the latter have been constantly falling since 1979 at which time two single elderly people out of three were at the low-income threshold.

Certain solutions promoting greater residential autonomy should provide a partial solution to affordability problems for households, since many of them are intended for single people.

◆ SOLUTIONS FAVOURING CONTINUATION IN PRESENT HOUSING

Solutions available to those elderly people who undergo any kind of loss of autonomy (physical, economic, mental, etc...) are still few and far between and can be found in either nursing homes, in public housing, or, for the well-off, in private residences. Care and services offered at home can sometimes help in offsetting certain temporary difficulties but rarely postpone the move to a nursing home (Bolduc, 1986). Alternative residential solutions could help a large number of elderly people for whom a nursing home is not the answer (or too drastic a solution) to their problem of solitude and isolation, fall in income, incapicity to carry out certain activities of everyday life, etc, based to a large extent on existing residential resources. We will analyse these solutions according to whether they favour or encourage continuation in present housing or whether they imply a move into other independent housing, adapted to particular needs. This list is not exhaustive, there being many possible variations, but it is an attempt to give an overview of the possibilities.

4.1 Adapted Housing

The modification of existing housing to the needs of the elderly is an interesting solution because it:

- reaches the largest number of elderly people directly in their own home;
- favours at-home maintenance and as a result, prevents premature institutionalization;
- enable more effective care and services in the home;
- favours optimal use of existing residential and urban resources.

In Montréal, a group at the Department of Community Health of the General Hospital aims to promote the autonomy of elderly people living at home through housing modification. In 1988, the Société d'habitation du Québec provided a grant of $50 000 to this establishment to adapt one hundred units to the functional deficiencies of elderly residents. The DCH tackles the problem in this way:

> "The proposed intervention consists in making the housing of the elderly person adapted to their particular functional deficiences. The purpose of our intervention is therefore to improve the elderly person-environment relationship. The aim is to evaluate the environment of the elderly with a view to their functional autonomy and to ensure that through a variety of minor changes, repairs and conversion, their physical milieu does not hinder or threaten their leading an independent life." (Trickey and Maltais, 1987).

The cost of modifying housing to the needs of elderly people experiencing a loss of autonomy has also been studied by the Building Research Institute of the National Research Council of Canada and in the United States (Champagne, 1986). Case studies have shown that, in both countries, the modification of existing housing, destined for handicapped people, raised the cost of multiple housing projects by 0.5%. Furthermore, the modification of a single family home is more expensive when an elevator has to be installed in a multi-storey house, for example, in the case of handicapped people. But, for the straightforward modification of a house or apartment for an elderly person losing their autonomy, the average cost of the work per unit of housing should be around $400, depending on the state of the dwelling. (Trickey and Maltais, 1987).

4.2 Secondary Housing

This type of housing is already quite widespread in Québec. It consists of a dwelling set up within an existing home, in the basement, upstairs, in a wing of the house or otherwise, and which allows the owner to earn income from the excess space in his home. This format can encourage young households to become homeowners and help elderly homeowners to remain in a house that has become too big, too expensive in taxes and upkeep while giving them, in addition, some security. This type of accommodation often exists without the knowledge of local authorities and is often in violation of local zoning regulations; however, it is tolerated.

Accessory unit added to one end of a single-family residence, in Montréal

The other type of secondary housing that is found most often in Québec is the duplex or triplex type of housing which allows, among other things, several generations to live in the same building (Wexler, 1986), the parent or parents living with one of their adult children but in separate accommodation. The «Maison trois générations» (Three Generation House), which was presented at a recent Salon de l'Habitation de Montréal, is a concrete example of this concept.

4.3 Shared Housing

Sharing allows two people who are not related to live in housing that is owned by one of the two parties, (whether owner or tenant). Non-profit agencies encourage this «twinning» by putting the parties in touch with each other. The role of these agencies varies according to the resources they have at their disposal (money, human resources, office space, etc.). In 1985 , two agencies of this type were operating in Montréal, «Projet Co-existence» and Double Occupancy (Wexler, 1986); in 1987, another agency came into being at Jonquière, operating from the offices of the regional CLSC (le Quotidien, 1987). In 1988, the Société d'habitation du Québec provided a grant of $60 000 to this organization, spread over two years to finance the continuation of a shared-housing pilot project for elderly persons in the Saguenay region.

4.4 Reverse Annuity-Mortgage

An elderly household, owning its own home and whose income would be too small to meet all financial obligations, or simply to maintain its standard of living at retirement, could fall back on a reverse annuity-mortgage. This would allow the household to take advantage,

subject to certain conditions, of the equity accumulated in the home. The conversion of this equity into a life annuity for example, could provide an appreciable source of income upon the retirement or death of one of the partners (Gaboriault, 1986). Table 5 shows the situation of elderly homeowners almost 90% of whom no longer have a mortgage on their home.

Table 5
Elderly Households According to Type of Tenure, Québec, 1985

Type of household	Number	%	Distribution of owners (%)
Owners with mortgage	22 320	6.2	12.2
Owners without mortgage	160 700	44.5	87.8
Tenants and others	177 730	49.3	—
Total	360 750	100.0	100.0

Source: Statistics Canada, **Households Income Facilities and Equipment Survey**, (HIFE), 1984/85; calculations done by the SHQ.

Although the Mouvement Desjardins has granted some reverse annuity-mortgages over the past few years, certain problems prevent financial institutions from setting up a real program that would allow elderly people to use the financial resources available to them to the full.

4.5 Deferment of Property Taxes

The deferment of property taxes is a formula that would allow a homeowner household to use the equity accumulated in its property. Property taxes that would not be paid by the elderly household would be reimbursed with interest to the municipality upon sale of the house. A program of this type is already being used in two provinces, Prince Edward Island and British Columbia (Brink, 1984).

❺ SOLUTIONS REQUIRING A CHANGE IN PLACE OF RESIDENCE

5.1 Several Generations Under the Same Roof

In this section, we will refer to the different models that allow several parent-children generations (or other family relations or friends) to live together in separate and autonomous accommodation built on one and the same lot. These will include the «granny flat», the two-family home and the duplex-triplex.

5.1.1 The "Granny Flat"

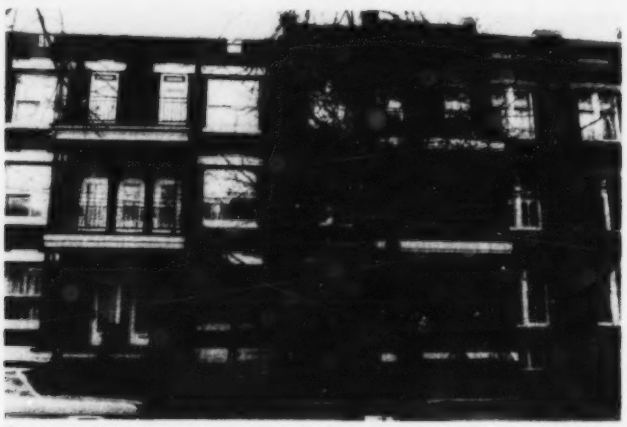
Originated in Australia, the "granny flat" is a small mobile housing unit installed on the grounds of a house occupied by close relatives, occupied by one or two relatively autonomous elderly people. The installation of the flat is temporary and the services (electricity, water, sewage) are linked directly to those of the main residence. It is obviously easier to install this kind of dwelling on large rural lots but the suburbs boust the greatest potential since that is where a large proportion of the children of elderly parents actually live. Although it raises many questions as much from a social standpoint (children and parents living in close proximity), as urban (installation in the back yard, zoning) or economic (useful life, return on investment), the granny flat is a solution that will have to be examined in the light of Québec's socio-economic context before being adopted.

5.1.2 The Two-family Home

The two-family home is made up of a principal residence to which is added, at ground level, a small self-sufficient apartment occupied by a relative or friend of the family. As yet, there are no developments of this type, which create a unique mixed owner-tenant residential environment, in Québec.

5.1.3 "Plex" Type Housing

A particular type of housing unique in North America can be found in Québec's urban centres. This is the «plex» type housing (duplex, triplex, etc.). This type of building, made up of dwellings built on top of each other, with separate entrances, has often been used (and still is) by families that occupy the whole building, allowing several different generations to live in independent apartments (Wexler, 1986) but often linked closely together by a back stairway. A renewal of this formula, by rearranging access and interior space, or by the addition of a new part, could be envisaged.



Plex-type building (here,six units per building), with exterior stairway, in Montréal.

5.2 Multiple Sharing

The multiple sharing of a dwelling implies groups whose size can vary from three to twenty-five people (Pollack, 1985): the formula is then called a **group home** or **group residence**. This type of residence is open to elderly people with declining autonomy, implying that there will be services to fill, as well as those people who though fully autonomous, are interested in this formula for financial or social reasons. Public organizations or non-profit organizations normally own and manage this type of residence (CMHC, 1987). One of the models in this area is the Abbeyfield type of housing, a non-profit organization formed in Great Britain in 1959 and which, in 1981, managed around 760 residences housing 6 000 elderly people (Nusberg, 1984), in Great Britain alone. Since then, this organization has expanded beyond its frontiers, establishing itself in Canada in 1986 (Abbeyfield Houses Society of Canada) (Withers, 1987).

5.3 New Private Housing

New construction is the easiest way to obtain housing and buildings well adapted to the needs of the elderly. However this method is **costly** and can only cater to a small part of annual demand. The private sector, that recognizes the very lucrative aspect of the senior citizen market, is attacking the «grey continent» (Cloutier, 1987); luxury projects are unveiled with many services, (one project even includes a pianist, swimming pool, tennis, etc.) and monthly rents ranging from $400 to $2 000 per month, according to the number of services offered.

Private residence designed for residents 65 or over, in Montréal.

Two problems threaten this market: on the one hand, it is aimed (with all the services offered) at an elderly clientele generally in good health, both physically and financially, the latter being the privilege of homeowners (Leblanc,1986). Those in this category would probably like to delay selling their home, the very symbol of their autonomy and vitality. Once they decide to sell, it will often be due to the fact that their physical capacity will have deteriorated so much that they will no longer be able to enter into a residence that caters little or not at all to the needs of elderly people with declining autonomy. In addition, residents in these buildings for retired and semi-retired people will grow old while sacrificing a part of their autonomy and at the same time having a whole range of services at hand (closed environment, all expenses paid with one monthly cheque ,etc.) in much the same manner that nursing home residents do.

In fact, these new building projects could be termed luxury pre-nursing homes! Nonetheless, this type of housing does cater to a real demand and satifies part of the elderly clientele.

For its part, the Mouvement Desjardins has come up with an innovative solution centred on the financial aspect: the **lease-investment** allows elderly households that have a certain amount of savings to move into a new rental apartment belonging to a non-profit organization associated with the Mouvement Desjardins. They gain security of tenure and a reduction in monthly rent proportional to their investment in the real estate project.

5.4 Social Housing

Public sector housing, housing cooperatives and non-profit housing provide housing at modest or moderate price that overcomes the **isolation** of single elderly people, giving them access to better quality housing, often better adapted to their needs, while assuring them of a certain amount of security.

Public sector housing is an attractive option for the elderly, despite the drop in the proportion of new housing allocated for them each year.

Public housing for low-income persons 65 or over, in Montréal

This type of housing caters to 30 700 elderly households (SHQ, 1988) spread among 600 municipal housing boards across Québec. A series of meetings with various municipal housing board officials across the province allowed us to better understand the problem of aging in the context of public sector housing (Renaud, 1984). The perception of the role and solutions introduced to deal with the declining autonomy of elderly people vary greatly according to the milieu analysed. These differences appear to be linked to the involvement of the MHB in its community. The hypothesis put forward was that the smaller the «social» environment of the board, the more the latter feels it is an integral part of the social network of the community and the greater its involvement with tenants, thus supporting the autonomy of the elderly. Moreover, the majority of officials who gave an opinion expressed their concern over the declining in autonomy of their elderly clientele.

The adaptation of the stock of public low-rent housing to this aging should be based on local characteristics inherent in each MHB. This adaptation should aim for the physical well-being of residents and also see that they have better control of their environment, so as to enhance the value of whatever autonomy the elderly person has.

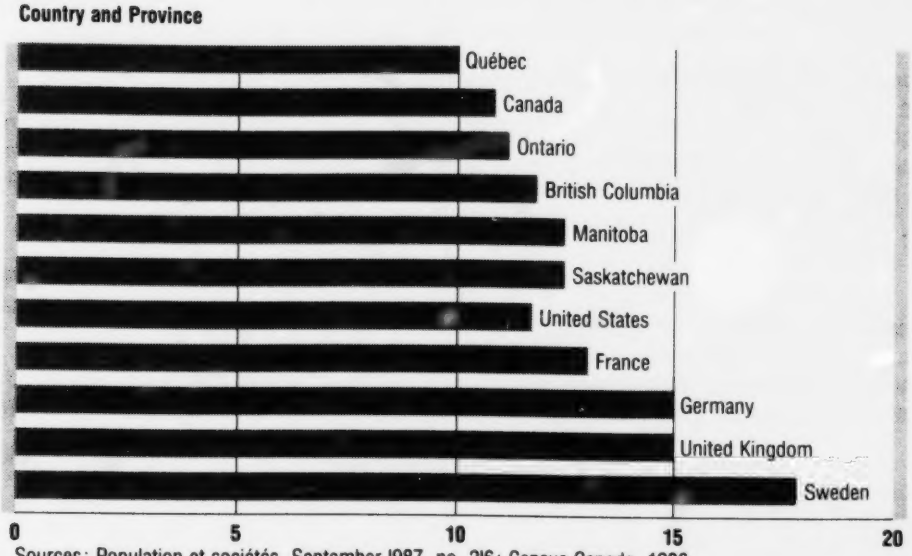
The adaptation of the stock of public low-rent housing to this aging should be based on local characteristics inherent in each MHB. This adaptation should aim for the physical well-being of residents and also see that they have better control of their environment, so as to enhance the value of whatever autonomy the elderly person has.

In this way, the housing cooperative, whether subsidized or not, caters better to the various objectives of home maintenance, that is control of residential environment, security of tenure, social contact and independence (each person having their own accommodation). However, the greater involvement in terms of management and upkeep that the cooperative requires, make this solution less attractive to the elderly. No studies exist giving the number and the nature of experiments in progress in this format.

6 FOREIGN EXPERIENCE IN HOME MAINTENANCE AND OTHER RESIDENTIAL SOLUTIONS

The field of housing specially designed or for the use of the elderly is highly developed and for a reason: the populations of a majority of Canadian provinces, the United States as well as a large number of European countries are aging at a much faster rate than that of Québec.

Table 6
National and International Comparison of the Proportion of the Elderly Population to the Total Population, 1986



Sources: Population et sociétés, September 1987, no. 216; Census Canada, 1986.

In his review of the literature on foreign experience in housing, Nusberg (1984) summarizes the intervention philosophy of countries with a high proportion of elderly in the following manner:

> "..., these countries are practically unanimous in reporting that the overwhelming majority of the elderly wish to continue living in their own homes as long as possible, even to the point where it may become impractical for them to do so. Many kinds of measures have been adopted to permit the elderly to remain in their homes, not only in respect of their wishes, but also in the belief that encouraging continued residence in the community is less costly than institutionalisation and promotes integration in the community." (ibid, p.137).

Indeed, although the majority of European countries still have nursing homes and long-term care hospitals, resources are now being concentrated on alternative housing solutions. These include (ibid):

- programs providing low-interest or even interest-free loans to improve or modernize housing for elderly people, prolonging their independence;

- programs promoting a better use of large dwellings occupied by elderly people (subsidies for moving and relocating); in Great Britain, a non-profit organization has developed the concept of «gifted housing». Under this program, an elderly person who owns a large house donates it to the organization which, in return, transforms it into many small housing units destined for other elderly people. In exchange, the donor and his/her spouse can live in one of the housing units for the rest of their life, free of charge. As well as freeing them from rent payments, property taxes and upkeep costs, they can continue to live in a familiar environment;
- housing with services (meals, security system, laundry, cleaning, etc.) is quite widespread in European countries. In the Netherlands, around 15% of the elderly population is housed in this type of housing with a mid-term objective of 25% of the elderly population. Sweden is nearing a similar proportion. Great Britain houses 5% of its elderly population in housing with services. Denmark has developed collective housing for all age groups, where services are available to all, so as to favour social integration.

6.1 The French Experience

Recently, UNFOHLM (l'Union nationale des Fédérations d'organismes d'habitations à loyer modéré) in France conducted an in-depth study of the entire housing sector for the elderly. Their main observations about the present situation follow (UNFOHLM, 1987 a):

a) About the clientele

- A new class of young retired people is emerging, their housing needs differing little from those of younger people and who are thus less interested in nursing homes. The average age of entry into nursing homes is now 80.
- Elderly people over 80 who are forced to move, only do so on condition that they will be able to remain in the new establishment if they experience significant losses of autonomy.
- The elderly demand more comfort and autonomy and are looking for social contact.
- Taking dependent or disorientated elderly people completely under control is not desirable. «It is preferable to give the elderly person responsiblity for completing certain everyday tasks, something that is more time consuming and requires much more patience than spoonfeeding.» (ibid, p.26).

b) About the resources

- The aging of the population leads to a lack of facilities to deal with the demand from the clientele experiencing a loss of autonomy, and to poor use of existing facilities.
- "It appears moreover that the creation of long-term care establishments is a poor solution, since elderly people would have to transfer." (ibid, p.26).
- The setting-up of specialized medical centres in retirement homes is being encouraged.
- Medium-stay housing is seen as a temporary measure while waiting for something more definite rather than as a reeducation and rehabilitation service making a return home possible.

These remarks on the inadequacies of existing solutions to the needs of a very heterogeneous population with rapidly changing lifestyles and expectations, have encouraged the French to develop innovative forms of housing, including temporary housing, collective housing and sheltered housing (ibid). UNFOHLM also proposes two new products, rental residences with "guaranteed use and services" as well as dwellings with services for elderly people who wish to own their home (UNFOHLM, 1987 b), two products developed from an exhaustive survey carried out in 1986, called "Les besoins en matière de logement des personnes de plus de 65 ans" (Housing Needs of People Aged Over 65, ibid, p. 64).

The "guaranteed use and services" formula was developed to counter the feeling of precariousness linked to tenant status: it consists of a "contract by which the resident, in return for a contribution of 25% of the investment and a rent payable monthly, is entitled to use the apartment and enjoy the services of the Residence for life" (idem, p.14); the second formula, more traditional, is a type of coproperty with adapted services.

UNFOHLM is aiming to provide the elderly with a **real choice** of residential options allowing them to fully **exercise their autonomy**, which may have been reduced in some way, be it physically, socially or psychologically. This choice is based on important socio-demographic and economic changes and on an extensive evaluation of the first experiments in housing for the elderly that reveal serious imbalances between the target and effective clientele and between objectives and actual results.

6.2 The Swedish Experience

Sweden, which has the greatest proportion of elderly people in its population, is, by sheer weight of numbers, leading in the development of residential solutions placing maximum emphasis on home maintenance. In a recent document, the Swedish Ministry for Housing and Planning mentioned its view of the problem and intervention philosophy (Söderström and Viklund, 1986).

> "Today's approach is that institutional buildings and "category" housing accommodation should be avoided as far as possible. Instead, the aim is now to make it easier for sick or disabled old people to be able to continue to live and function in their accustomed surroundings under as normal conditions as possible(...)
> This broad approach means that accommodation for old people is no longer primarily a question of what type of institutions or flats we are going to build. It is instead a question of how housing, social and health and medical care policies should be combined in order to make it easier for old people to live their lives on their own terms." (ibid, p. 6).

On a budgetary level, Sweden allotted for care, services and housing for the elderly, a total sum evaluated at 30 billion krona, or $6.6 billion at the present rate of exchange. A simple calculation shows what the equivalent figure would be for Québec, taking into account the total population and the elderly population of both. Sweden's population in 1987 was 8.4 million, including 1.42 million elderly (Levy, 1987) while the corresponding figures were 6.5 million and 0.65 million elderly for Québec (Statistics Canada, 1987). A budget of $2.37 billion (1981 dollars) should be spent on the elderly in Québec, according to Swedish standards. However, at the time, the Québec government budget earmarked for the elderly was in the region of $1.9 billion, a difference of almost $500 million (1981) in favour of Sweden.

This comparison of budgets allows us to put things into perspective. It is difficult to know all the elements taken into account in Swedish and Québec budget analyses where the clientele is not the same: Sweden has a much greater number of elderly people aged 80 and over that require more care and services than the elderly in Québec. This fact could lead us to believe that the differences in budget would have been much greater. The reason for this can be found in the way the budget is distributed: 25% of the budget, i.e. $1.7 billion, is given to non-institutional forms of care that allow a much more autonomous and independent life, the equivalent of almost $500 million in Québec. In 1983, the total amount invested by the two senior levels of government in Canada in home maintenance programs (Renaud and Wexler, 1986) was no more than $160 million. In fact, the largest part of the Québec budget for the eldery is directed into the institutional care and services model.

Care and services for the elderly in Sweden are a government responsibility but are provided at several decentralized levels; home-care services (cleaning, meals, hygiene, etc.), recreation activities and transport are under municipal jurisdiction (local authorities) while county councils are responsible for health and medical care (Söderström and Viklund, 1986). This decentralized approach has enabled Sweden to develop an integrated approach to the problems of the elderly, linking control over housing to control over home care and services and the residential environment in which the elderly live. The various experiences stemming from actual situations and local initiatives have allowed the development of types of intervention showing that it is possible, desirable and that there is a desire, to live in an independent dwelling longer than could have ever been imagined before. But, these experiences also show that nursing homes and group homes are essential for elderly people with greater care needs.

The town of Hudiksvall is but one of many examples (ibid, p. 22) where there is no longer a waiting list for the long-term care centre and where the last centre built with this service in mind has never actually been used for that purpose. The approach to long-term medical care has been changed. The feeling in this town is that all patients can have sufficient rehabilitation treatment to be able to return to their own home and this is what happens, it seems, nine times out of ten. In fact, the whole approach rests on two conditions:

- persons who return to their own home after treatment have the assurance that they will be able to return to the long-term care centre at any time;
- a constant collaboration between the two tiers of local government.

The head physician at the town's medical clinic maintains that "to help patients in connection with activities that they are perfectly capable of carrying out without assistance is a form of theft and if patients are treated as if they can do nothing whatsoever themselves then, they can frequently become depressed and lose their self-respect" (ibid, p. 22).

This attitude is present throughout the literature on the Swedish experience. The resources needed to prolong the autonomous life of the elderly are sought by providing them, if possible, with housing adapted to their needs, day centres where they can go for services, a favourable residential environment such that the majority may continue to go about their daily business, with as little difficulty as possible.

The coordination of activities and budgets is also a matter of constant concern. For example, there are many instances where the needs of the elderly person are taken in hand by day care centres that have the necessary resources (personnel, meals) to maintain daily contact with the elderly.

7 THE RESIDENTIAL ENVIRONMENT

As we have seen with the Swedish experience, the environment in which the elderly person lives is as important in the continuation of autonomy as home care and services. In this section, the many aspects of the residential environment will be discussed to give an insight into the implications the aging of the population will have for a society placing greater emphasis on home maintenance for the elderly and/or improving their autonomy.

7.1 The Indoor Environment

Most of the major studies concerning the impact of the environment on the functional autonomy of the elderly are limited to the immediate environment of the person, that is, inside the dwelling. These studies advocate adapting housing to the needs of the elderly with a view to forestalling or reducing activity restriction, and the physical and psychological dependence of these people, while maximizing their autonomy (Champagne, 1986; Trickey and Maltais, 1987).

In this domain, the two major trends share common ground and concern, in the first place, **the use of new technologies**, often inexpensive and affording significant assistance (for example, a cordless telephone, the «ARGUS» alarm system which is activated from a piece of equipment worn on the wrist, etc.). The Ministry of Community and Social Services of Ontario has even set up a service (The Applied Program Technology Unit) to promote the autonomy of both elderly people and handicapped people of all types through the use of technology.

The other side uses design to study the problems linked to the functional life of the elderly. In a paper given at the Annual Congress of the Canadian Association of Gerontology in 1984, L. Hiatt proposed **functional design** which is aimed at maximizing the autonomy of the individual, focusing mainly on the sight, hearing and touch of the elderly person: accoustics, lighting, reflections, colours and textures are involved, as well as, of course, all the problems linked to movement: sitting, getting up, walking, going up and down steps, etc. The elderly person's home environment is that much more important in that it is the main, and often only, environment in which the person lives all day long. Besides being safe and functional, it must also be stimulating intellectually, physically and emotionally. All in all, housing adaptation cannot be simply a question of a few extra gadgets; it has to take into account the major functions of housing, that of being a safe haven and an enriching environment both physically and intellectually.

7.2 The Outdoor Building Environment

The outdoor environment has two levels. The first concerns the building containing the dwelling. The second takes into account the residential environment or milieu in which the building is found within a certain area. The 1986 census (Statistics Canada, 1987) gives an idea of the type of housing in which the elderly live. Of those households in which the main provider is aged 65 and over, 38% live in a single-family home and more than 90% own their home. Buildings with more than four floors house 11.5% of elderly households and these are tenants nine times out of ten. Less than half a percent (0.4%) own or rent mobile homes, but 51% can be found in other types of housing[4], three households out of four being tenants. In comparison, the situation in other provinces is totally different, as much as regards home ownership as the type of housing occupied. Table 3 sheds some light on this phenomenon. If Québec is excluded, two households out of three in Canada own their home, Newfoundland having the highest rate, 86.5% and Ontario one of the lowest with 65% ahead of Québec

4- These other types of housing include, among others, semi-detached housing, terraced housing, buildings with less than five floors, either the multifamily or plex type of housing.

with 50% and the Yukon and Northwest Territories at 44%. In all provinces, except Québec, more than 80% of elderly home owners own a detached single-family home while in Québec only 69% do. Finally, still excluding Québec, 63% of elderly Canadian households live in detached single-family homes, Newfoundland having the highest rate at 80% and Ontario the lowest before Québec, respectively having 58% and 38%. This brief overview of the housing situation of a part of the elderly households tends to show us that there is a difference between the situation in Québec and that of the other provinces and, consequently, the evolution of the situation and the solutions to the problems will be as different. On the other hand, the lack of precision in the Québec typology, more than 50% of elderly households finding themselves in the "other housing" category, means the large body of information necessary for the eventual development and real quantification of possible solutions is not available.

Adapting buildings to the needs of the elderly should not pose any problems in the case of single-family, detached, semi-detached or terraced housing. However, the situation becomes more complicated in the case of "plex" or multiple dwellings with less than four floors, no elevator, where the elderly household does not occupy the ground floor. The lack of statistics prevents us from making a real evaluation of the situation. The case of the "plex" type housing in Montréal, particularly with outdoor stairs, is a problem and would surely necessitate on its own an important study on the type of solutions for the particular problems that this housing format so peculiar to Québec, presents. Furthermore, this type of residence, the duplex or triplex, is well suited for intergenerational cohabitation (Wexler, 1986) and fits the criteria that stimulated the development of the "granny-flat" and secondary housing discussed in a previous section: the physical proximity of parents and children but intimacy between partners. The problem of physical accessibility remains.

7.3 The Outdoor Residential Environment

Home maintenance creates the need for home care and services or care and services that are easily accessible from the home as well as housing and buildings that are adapted to particular needs. The **residential environment** becomes the third element necessary for home maintenance. This can all be summed up in terms of security in the widest sense of the term: the assurance of having services and care available; of having functional housing and an environment that allows the person to live as normal a life as possible; having the facilities to get around, transportation, shops, social clubs, etc. All in all, it means building in accessibility to care and services in the residential environment just as in the home through adaptations reflecting specific needs of the occupants.

An accessible residential environment presupposes urban planning based on a new approach having at its base the aging of the population. Some of the main ideas that should direct this type of planning are:

Table 7
Comparison of Rate of Ownership in General and Single-Family Ownership in Households Where the Provider is Aged 65 or Over, Canada and Provinces, 1986

Regions	Households Where the Provider is Aged 65 or Over		
	Proportion of elderly homeowners	Proportion of elderly single-family detached homeowners compared to the total number of elderly homeowners	Proportion of single-family detached homes occupied by elderly households compared to total housing occupied by elderly houheholds
	%		
Canada	64.0	83.8	56.9
(Canada without Québec)	(68.3)	(86.7)	(62.8)
Newfoundland	86.5	90.5	80.1
P.E.I.	73.3	91.8	71.7
Nova Scotia	76.8	90.8	73.5
New Brunswick	75.4	90.1	71.9
Québec	49.5	69.4	37.5
Ontario	64.8	84.4	57.8
Manitoba	66.0	93.5	65.9
Saskatchewan	75.3	95.1	75.8
Alberta	72.1	90.4	69.1
British Columbia	67.9	81.3	58.9
Yukon and N.W.T.	44.3	88.8	76.2

Source: Canada Census, 1986; summary totals, July 1987.

a) **A more intensive use of existing housing stock and residential facilities**: this would imply the possibility of adding to present housing (granny flat, secondary housing), shared housing or group homes. Certain countries (France, Germany, New Zealand) are attempting to solve the problem of under occupation of large dwellings by elderly people by encouraging them, through the use of a monetary grant, or by offering subsidized housing, to move. (Nusberg, 1984).

Moreover, a more intensive use of the housing stock would maintain the occupancy rate of neighbourhoods thus favouring the continuation of economic and socio-cultural activities of the residential environment.

b) **An integration of the zones of activity of the various organizations (MHB, CLSC, DSC, GRT, etc.)**: all the organizations should come to an agreement such that their territories all have the same administrative boundaries, particularly in the cities. This would favour the development of consultation groups where common problems would be analysed from all sides, as is already the case in medium-sized urban centres (Valleyfield, Drummondville, etc.) that use these local consultations, particularly in their local socio-medical activity. Such integration would make it possible to carry out cohesive studies on the various needs and would allow a more global approach to the problems identified. The results obtained by Sweden in this area are exemplary (Söderström and Viklund, 1986).

c) **Neighbourhood development reflecting the aging of the population**: the aging of the population implies a group with diminished physical capacity. This state does not only concern the elderly but also the physically handicapped, the temporarily incapacitated, parents with babies, pregnant women, etc. that could benefit from physical improvements such as the lowering of sidewalks, bright signals as well as sound signals at major intersections, or better still urban lighting not only for motorists but also for pedestrians. Greater segregation of pedestrians and motor traffic will have to be envisaged in so much as a population with reduced mobility is incompatible with the speed of traffic.

d) **Gathering relevant data and circulation of information**: as well as the usual statistical data, it would be necessary to have information on the day to day life of the elderly, their expectations, their problems, solutions to these problems, etc., using surveys. Better knowledge of actual situations would allow the distribution of "live information" on aging and would bring more of these problems to the notice of the organizations and the population in general.

These broad designs for the bigger urban centres should be modified according to the problems experienced in small urban centres, suburbs, rural and semi-rural settings. For example, the suburbs have been developed for the most part with the use of the car in mind. As the population grows older, it has fewer cars, which considerably reduces the autonomy of elderly people living in these communities, making them almost "inadapted" to their natural environment. On top of this, streets with concrete borders (without sidewalks) are quite common making any movement without a car even more difficult. Such changes in activity would necessitate

changes in the spatial arrangement of residential and commercial zones, in the often very restrictive zoning of approved types of housing, in the development of types of public transport, etc.

Street with no sidewalk in a suburban Montréal neighbourhood.

8 THE COMMUNITY

The residential environment has many different aspects; we have just dealt with that of the physical environment, inside as well as outside the dwelling. The community environment is just as important and can be decisive in choosing whether or not to remain in a dwelling. Keeping the elderly in the community with all age groups mixed in together is a central element of the social environment. Few studies on the "mixability" of groups have been carried out if research into home maintenance in the natural environment is not taken into account. The problem has been particularly ignored in the construction and design of homes for the elderly, with all the implications that this has.

Although many public and private building projects (HLM Jeanne-Mance, Village olympique, Place Frontenac, etc.) can be termed "multigenerational", very few buildings have been designed specifically for that purpose. To our knowledge, only the "Cité des âges" has been truly developed along these lines, by the Petits frères des pauvres organization, in Montréal. It features large family dwellings scattered throughout the building. The initial tenants have been chosen to meet the desired ratio of families to elderly people.

"Cité des âges", a multigeneration project developed by the Petits frères des pauvres, in Montréal.

Intergenerational family cohabitation has, however, developed in Québec mainly through the plex type of housing; a cooperative project on the south shore of Montréal also plans to use this type of cohabitation in a multi-unit building. France has particulary developed this concept both for its public and private housing stocks. In the latter case, private promoters become eligible for loans with reduced interest rate if 20%, minimum, of all housing built in large housing projects is designed for the elderly.

At the opposite end of the scale from this, in the United States there are communities of elderly people living in total segregation from the outside world to the point that the buildings are surrounded by a wall with barbed wire! (UNFOHLM, 1987 a).

Though this is an extreme example, the American experience is full of these "retirement villages" whose popularity continues to grow, apparently keeping pace with the aging of the population. Two factors can partly explain the attraction of this model for America: the elderly want to protect themselves from (and escape) a society seen as being violent and they are also looking to ensure that they will have access at the lowest cost possible, to the health care that their condition may eventually require.

Finally, a small-scale model is being tested in the town of Linköping, in Sweden, with a view to integrating into everyday life the responsibility for children as well as the elderly by their community, based on a variation of the "house with yard".

> "Five families live around a communal yard served by a communal corridor which everyone uses. One of the families requires certain care while still being able to live in its home. It can be a couple of seniors (sic.) for example. The other families make a voluntary commitment to undertake a certain neighbourly responsibility towards the first family. Social Security is there to provide support and the day centre in this case, also gives much of the care. It has not been difficult to recruit volunteer families. (Linköping — Ostergötland, 1981)."

These few examples show us the range of the solutions that have been developed to meet the expectations of the elderly who want to grow old either integrated in the community or separated from it.

The various socio-recreational and commercial services also make up the community environment for the residents of a neighbourhood or a village. Maintaining or improving physical accessibility to these services should be taken into account in view of an aging and by the same token, less mobile population. Once more, Sweden gives us a simple but revealing example in this domain (Söderström and Viklund, 1986). One municipality, Malmö, has stopped issuing permits to service stations that want to sell food and household goods as well as gas (convenience store and gas station). The municipality wants to preserve the local convenience stores that, otherwise, would lose their clientele and eventually have to close. Customers without cars, many being elderly people, would therefore be deprived of essential services.

Combination food (convenience store) and gasoline (service center) outlet in suburban Montréal.

Conclusion

As we have seen, the large increase in the number of elderly in the years to come will force us to reconsider the residential solutions put at their disposal, while taking into account the problem of care and services in the home and the role that the residential environment plays in the well-being of our elders. This global approach will necessitate integrated intervention and concerted action by various government and private organizations.

By evaluating residential needs, taken in the widest sense of the word, in the short and medium term, solutions better adapted to the expectations and desires expressed by the elderly can be developed. Better quantitive and qualitative knowledge of the residential space actually occupied by this group, follow-up of the various concepts developed in the private sector, up-dating the various housing experiments that are being tried out in Québec, without forgetting the impact of the aging of public sector housing tenants should be studied closely.

The follow-up and evaluation of experience in other countries will also come into this work in that Québec, a relatively young society compared to other western industrialized countries, could profit from their experiences in housing for the elderly.

Finally, the circulation of pertinent information on the "residential experience" of the elderly is necessary with the aim of informing the public and organizations of the problems caused by the aging of the population.

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